



# BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

## June 2024 Medical Policy Updates

BlueCross BlueShield of South Carolina and BlueChoice HealthPlan frequently revise the medical policies we use to make clinical determinations for a member’s coverage. Here are medical policies that have been updated or newly added. A revision history for each policy is included. Please visit the Medical Policies pages of [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) and [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com) regularly to stay informed of these changes and to read any policy in its entirety.

Policy Number	Policy Name	Recent Changes
CAM 069	Unicompartmental and Bicompartamental Knee Arthroplasties	<b>ARCHIVED</b>
CAM 20216	Ultrasonographic Measurement of Carotid Intimal-Medial Thickness as an Assessment of Subclinical	<b>ARCHIVED</b>
CAM 20218	Progenitor Cell Therapy for the Treatment of Damaged Myocardium Due to Ischemia	<b>ARCHIVED</b>
CAM 60138	Percutaneous Balloon Kyphoplasty and Mechanical Vertebral Augmentation	<b>ARCHIVED</b>
CAM 701148	Endovascular Therapies for Extracranial Vertebral Artery Disease	<b>ARCHIVED</b>
CAM 80312	Hippotherapy	<b>ARCHIVED</b>
CAM 90315	Retinal Prosthesis	<b>ARCHIVED</b>
CAM 60138	Percutaneous Balloon Kyphoplasty and Mechanical Vertebral Augmentation	<b>ARCHIVED</b> (The content of this policy is merging into CAM 60125, so this policy is redundant.)
CAM 701166	Allograft Injection for Degenerative Disc Disease	Annual review, no change to policy intent. Updating rationale and references.
CAM 701125	Implantable Peripheral Nerve Stimulators for the Treatment of Chronic Pain	Annual review, no change to policy intent.
CAM 90331	Vascular Endothelial Growth Factor Inhibitors for Sickle Cell Retinopathy	Annual review, no change to policy.
CAM 90326	Viscocalostomy and Canaloplasty	Annual review, no change to policy intent.

CAM 80309	Vertebral Axial Decompression	Annual review, no change to policy intent. Updating rationale and references.
CAM 80204	Lipid Apheresis	Annual review, no change to policy intent.
CAM 80149	Intensity-Modulated Radiotherapy: Abdomen, Pelvis and Chest	Annual review, no change to policy intent. Updating rationale and references.
CAM 80114	Brachytherapy for Clinically Localized Prostate Cancer Using Permanently Implanted Seeds	Annual review, no change to policy intent. Updating rationale and references.
CAM 80134	Hematopoietic Cell Transplantation for Solid Tumors of Childhood	Annual review, no change to policy intent. Updating rationale and references.
CAM 70185	Electrical Stimulation of the Spine as an Adjunct to Spinal Fusion Procedures	Annual review, no change to policy intent.
CAM 20175	Percutaneous Treatment of Fracture Non-Unions or Bone Defects with Autologous Bone Marrow With or Without Demineralized Bone Matrix (DBM)	Annual review, no change to policy intent.
CAM 751	Brain PET Scan	Interim review to remove Aduhelm from coverage criteria for mild cognitive impairment as it is no longer on the market. Replacing it with Leqembi.
CAM 90305	Corneal Topography/Computer-Assisted Corneal Topography/Photokeratoscopy	Interim update to provide expanded medical necessity criteria for procedure 92025.
CAM 759	PET Scan	Corrected formatting issue. No other changes made.
CAM 089	Preventive Services for Non-Grandfathered (PPACA) Plans: USPSTF Recommended Services	Interim Review, effective 07/01/2024 the coverage criteria for cardiovascular prevention related to low aspirin use terminates as USPSTF decrease this recommendation to a C/D recommendation.
CAM 60151	Interim Positron Emission Tomography Scanning in Oncology To Detect Early Response During Treatment	Annual review, no change to policy intent. Updating rationale and references.
CAM 012	Anesthesia Services	Annual review, no change to policy intent.
CAM 026	Human Papillomavirus (HPV) Vaccines	Annual review, no change to policy intent.

CAM 10126	Cooling Devices Used in the Outpatient Setting	Annual review, no change to policy intent.
CAM 110	Pre-implantation Genetic Testing	Annual review, no change to policy intent. Updating Table of Terminology, coding, rationale and references.
CAM 20140	Extracorporeal Shock Wave Treatment for Plantar Faciitis and Other Musculoskeletal Conditions	Annual review, no change to policy intent. Updating Table of Terminology, coding, rationale and references.
CAM 30302	Digital Health Technologies: Therapeutic Applications	Annual review, no change to policy intent.
CAM 383	Percutaneous Arteriovenous Fistula	Annual review, no change to policy intent.
CAM 512	Radiopharmaceutical Agents and Other In Vivo Diagnostic Aids	Annual review, no change to policy intent.
CAM 701154	Ablation of Peripheral Nerves to Treat Pain	Annual review, no change to policy intent. Updating rationale and references.
CAM 70184	Semi-Implantable and Fully Implantable Middle Ear Hearing Aids	Annual review, no change to policy intent. Updating rationale and references.
CAM 70307	Lung and Lobar Lung Transplant	Annual review, no change to policy intent. Updating background, rationale and references.
CAM 80140	Manipulation Under Anesthesia	Annual review, no change to policy intent. Updating rationale and references.
CAM 80133	High-Dose Rate Temporary Prostate Brachytherapy	Annual review, no change to policy intent. Updating rationale and references.
CAM 80155	Stem-cell Therapy for Peripheral Arterial Disease	Annual review, no change to policy intent. Updating rationale and references.
CAM 90303	Orthoptic Training for the Treatment of Vision or Learning Disabilities	Annual review, no change to policy intent.
CAM 90331	Vascular Endothelial Growth Factor Inhibitors for Sickle Cell Retinopathy	Annual review, no change to policy intent.
CAM 20187	Confocal Laser Endomicroscopy	Annual review, no change to policy intent. Updating rationale and references.
CAM 20183	Interventions for Progressive Scoliosis	Annual review, no change to policy intent. Updating rationale and references.
CAM 20128	Neurofeedback	Changing policy to "live" archive status.
CAM 10116	Negative Pressure Wound Therapy in the Outpatient Setting	Annual review, no change to policy intent. Updating rationale and references.

CAM 701171	Remote Electrical Neuromodulation for Migraines	Annual review, no change to policy intent. Updating coding, rationale and references.
CAM 701144	Patient-Specific Instrumentation (e.g., Cutting Guides) for Joint Arthroplasty	Annual review, no change to policy intent. Updating rationale and references.
CAM 701138	Interspinous Fixation (Fusion) Devices	Annual review, no change to policy intent. Updating rationale and references.
CAM 701118	Surgical Treatment of Femoroacetabular Impingement	Annual review, no change to policy intent. Updating rationale and references.
CAM 701109	Magnetic Resonance — Guided Focused Ultrasound	Annual review, no change to policy intent. Updating rationale and references.
CAM 701103	Surgical Ventricular Restoration	Annual review, no change to policy intent. Updating rationale and references.
CAM 80304	Speech Therapy	Annual review, no change to policy intent.
CAM 80303	Occupational Therapy	Annual review, no change to policy intent.
CAM 80161	Focal Treatments for Prostate Cancer	Annual review, no change to policy intent. Updating rationale, references and adding codes 0655T, 0739T and 55899.
CAM 80132	Hematopoietic Cell Transplantation for Acute Lymphoblastic Leukemia	Annual review, no change to policy intent. Updating rationale and references.
CAM 70193	Decompression of the Intervertebral Disc Using Laser (Laser Discectomy) or Radiofrequency Coblation (Nucleoplasty™)	Annual review, no change to policy intent. Updating rationale and references.
CAM 70169	Sacral Nerve Neuromodulation/Stimulation	Annual review, no change to policy intent. Updating rationale and references and updated coding verbiage for codes 64590 and 64595.
CAM 70162	Minimally Invasive Coronary Artery Bypass Graft Surgery	Annual review, no change to policy intent.
CAM 70115	Meniscal Allografts and Other Meniscal Implants	Annual review, no change to policy intent. Updating rationale and references.
CAM 60125	Minimally Invasive Approaches to Vertebral Fractures and Osteolytic Lesions of the Spine	Interim review, to update the entire policy. Merging the contents of CAM 60138, "Percutaneous Balloon Kyphoplasty and Mechanical Vertebral Augmentation" into this policy. There are no changes to the intent of either policy's verbiage.

CAM 60110	Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy	Interim review to update verbiage regarding hydrogel spacers to be brand neutral. Also adding CPT code 55874 to the coding section.
CAM 20208	Ambulatory Event Monitors and Mobile Cardiac Outpatient Telemetry	Interim review to update verbiage regarding hydrogel spacers to be brand neutral. Also adding CPT code 55874 to the coding section.
CAM 20201	Catheter Ablation for Cardiac Arrhythmias	Annual review, no change to policy intent. Updating rationale and references. Updating coding to remove deleted coding.
CAM 20177	Automated Point-of-Care Nerve Conduction Tests	Annual review, no change to policy intent.
CAM 20106	Hypnosis	Annual review, no change to policy intent.
CAM 10201	Total Parenteral Nutrition and Enteral Nutrition in the Home	Annual review, no change to policy intent.
CAM 457	Inpatient Rehabilitation	Annual review, no change to policy intent.
CAM 222	Home Health Services Policy	Annual review, no change to policy intent.
CAM 142	Cervical Spine Procedures	Annual review, no change to policy intent.
CAM 082	Cosmetic/Reconstructive Services	Annual review, no change to policy intent.
CAM 040	Blepharoplasty (Upper and Lower)	Annual review, no change to policy intent.